

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Bill Posey**Full Name (Last, First, Middle Initial)  
**A. Donald P. Messorsmith**

Mailing Address 4315 Randon Lane

City	State	Zip Code
Merritt Island	FL	32952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wuersthoff HospitalOccupation  
physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2015

Transaction ID : C-54-00iu02

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**B. James A. Muncy**

Mailing Address 4539 Seminary Road

City	State	Zip Code
Alexandria	VA	22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moon ExpressOccupation  
space policy consultant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Transaction ID : C-57-01Ur05

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)  
**C. Steven D. Podnos**

Mailing Address 405 Sims Way

City	State	Zip Code
Merritt Island	FL	32952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WealthCare, LLCOccupation  
financial advisor

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : C-61-00060E

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2750.00